

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 APR 28 AM 11:56

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N10629**

1. Corporation Name

Cherokee Indians of Florida, Inc.

2. Principal Office Address - No P.O. Box #

320 SW Twain Road

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 172

Suite, Apt. #, etc.

City & State

Mayo, Florida

City & State

Mayo, Florida

Zip

32066

Country

Lafayette

Zip

32066

Country

Lafayette

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

August 9, 1985

5. FEI Number

94-3451475

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ron Morris

Street Address (P.O. Box Number is Not Acceptable)

7493 NE Highway 41

Suite, Apt. #, Etc.

City

Williston, Florida

State

FL

Zip Code

32696

400272316264  
04/28/15--01007--027 \*\*1767.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 28, 2015

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| DP     | Ron Morris                           | 7493 NE Highway 41                                | Williston, Florida 32696 |
| DVP    | Tamar M. Jones                       | 320 SW Twain Road                                 | Mayo, Florida 32066      |
| DS     | John Craig                           | 7493 NE Highway 41                                | Williston, Florida 32696 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

REINSTATEMENT

1288 2015

10. E-mail Address: osciyo@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Ron Morris* Ron Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2015 3524410134

Date

Daytime Phone #